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DE RUEHUL #3794/01 3070453
ZNY CCCCC ZZH
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FM AMEMBASSY SEOUL
TO RUEHC/SECSTATE WASHDC PRIORITY 1122
INFO RUEHBK/AMEMBASSY BANGKOK PRIORITY 6310
RUEHBJ/AMEMBASSY BEIJING PRIORITY 1464
RUEHHI/AMEMBASSY HANOI PRIORITY 2014
RUEHKO/AMEMBASSY TOKYO PRIORITY 1555
RUEHNE/AMEMBASSY NEW DELHI PRIORITY 0535
RUEHSA/AMEMBASSY PRETORIA PRIORITY 0154
RUEHML/AMEMBASSY MANILA PRIORITY 8629
RUEHHK/AMCONSUL HONG KONG PRIORITY 2972
RUEHC/DEPT OF AGRICULTURE WASHDC PRIORITY
RUEHPH/CDC ATLANTA GA PRIORITY
RUEAUSA/DEPT OF HHS WASHINGTON DC PRIORITY
RUEHGV/USMISSION GENEVA PRIORITY 1836

C O N F I D E N T I A L SEOUL 003794

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E.O. 12958: DECL: 10/31/2016
TAGS: [TBIO](#) [ECON](#) [EAGR](#) [AMED](#) [KFLU](#) [KS](#)
SUBJECT: SOUTH KOREA: PANDEMIC INFLUENZA PREPAREDNESS PLAN
LEAVES KEY ISSUE OF TAMIFLU STOCKS UNDEFINED

REF: 05 SEOUL 4983

Classified By: ECON MINCOUNS ANDREW QUINN, REASON 1.4 (B) AND (D)

SUMMARY

¶1. (U) In preparation for a possible influenza pandemic, the Korea Center for Disease Control and Prevention (KCDC) has unveiled its National Preparedness and Response Plan for Pandemic Influenza. Officials at KCDC said the plan, drawn up by medical experts at Korea University Medical School, closely hews to World Health Organization (WHO) recommendations. The plan has been endorsed by the Minister of Health and Welfare. The Korean-language version of the plan has been posted on the KCDC website (<http://www.cdc.go.kr>), and KCDC expects to complete an English summary of the plan before the end of November.

¶2. (C) The plan leaves for future resolution the question of adding to Korea's stockpile of antiviral medications. Current contracts will bring Korea's stockpile of Tamiflu to 980,000 courses within the next few weeks, and officials expect to procure an additional 20,000 courses, to make a round 1 million, before the end of 2006. KCDC officials told ESTHoff on October 27 that a committee of influenza experts had recommended that Korea plan a stockpile of 10 million courses, but that the Minister of Health and Welfare is opposed to additional stockpiling. End summary.

KOREAN PANDEMIC PLAN

13. (U) The draft pandemic plan is a hefty document at more than 240 pages. It is based on a pandemic simulation model (FluAid 2.0) that assumes that, over the first six weeks of an outbreak, more than 8.8 million Koreans would fall ill, more than 235,000 would require hospitalization, and more than 54,000 would die.

MINISTER OPPOSES STOCKPILING OF TAMIFLU

14. (U) A key, but still undefined, element in the plan is the possible acquisition of additional stocks of antiviral drugs such as Tamiflu. Korea expects to have 1 million courses (of 10 capsules each) of Tamiflu by the end of 2006. Current contracts will bring the figure to 980,000 courses over the next several weeks, and KCDC plans to let contracts for an additional 20,000 courses to be secured by the end of the year. The plan states that the stockpiled Tamiflu should be stored under the custody of the central government and administered within 48 hours of the onset of symptoms through public healthcare centers and designated hospitals throughout the country.

15. (U) Following WHO recommendations, Korea has prioritized the allocation of available Tamiflu as shown in table 1 below:

Table 1: Estimates of Required Amount of Tamiflu in Phase 6 of Pandemic Period

	Estimated number	Cumulative required amount
Priority/Category	of persons(1,000)	Tamiflu(1,000 cap)

For treatment and/or prophylaxis:		
1/High-risk inpatients	236	2,121
2/Essential healthcare personnel	148	3,450
3/High-risk outpatients	1,150	13,794
4/Essential service workers	471	17,208
5/Outpatients over age 65	1,249	28,488
6/Other low-risk outpatients	5,915	81,685
For prophylaxis:		
7/Other healthcare workers	301	90,727
8/Other essential service workers	916	100,700
9/High-risk medical group	4,253	233,742

Note: For treatment, one capsule (75mg) twice a day for five days; for prophylaxis, one capsule per day for a maximum of 42 days. The figures for the cumulative amounts appear to assume that fewer capsules will actually be needed due to deaths, immunity due to survival of the disease, absenteeism, and other factors. End note.

16. (U) These figures suggest a potential need for 57 million courses of antivirals to treat or protect nearly 15 million vulnerable persons.

17. (C) The plan calls for the convening of a "National Pandemic Experts Committee" to review the assessment of risk and to recommend the amount and the timing of future stockpiling of antiviral drugs. Lee Duk-hyoung, the Director General of the Communicable Diseases Surveillance and Response Center at KCDC, told ESTHoff on October 27 that in fact the committee had already met and recommended that Korea create a stockpile of 10 million courses. KCDC proposed to add 2 million courses each year during the period 2007-2008, to have a total of 5 million courses by 2009. However, Lee (please protect) said, Rhyu Si-min, the Minister of Health and Welfare, opposes any additional stockpiling. He observed that Rhyu is close to former Prime Minister Lee Hae-chan, and noted that the former Prime Minister was also opposed to

stockpiling.

¶18. (C) According to Lee, Minister Rhyu is instead interested in examining ways that Korea could obtain the capability to produce Tamiflu. Asked whether Rhyu was considering invoking compulsory licensing authority under WTO rules to break the patent (as suggested in the press last year -- see reftel), Lee avoided a direct response. He asserted that the maker of Tamiflu, Roche, has 16 subcontractors in 10 countries, including Yuhan Pharmaceuticals in Korea, but that each of the subcontractors handles just one of 10 critical processes in the production of the drug. He further stated that Roche has licensed two companies in China and one in India to make the drug, and has shared its technology with South Africa for use in Africa, but said that Roche had determined that Korea, as a developed country, was not eligible for such arrangements.

¶19. (C) Earlier in the week of October 23, KCDC had undergone its annual "inspection" by the National Assembly. ESTHoff asked Lee whether National Assembly committee questions had demonstrated concern about the state of Korea's preparations to confront a pandemic, including the size of its Tamiflu stockpile. Lee responded that, to his disappointment, the answer was, "not much."

HESITATION REGARDING SOCIAL DISTANCING MEASURES CONTINUES

¶10. (C) The Korean pandemic plan describes public health measures that may be taken during a pandemic, including social distancing measures such as the closure of educational institutions and day-care facilities, limitations on or prohibition of mass gatherings, contact tracing, and confinement and quarantine. Especially if suspected patients are reported or confirmed arriving from other countries during phase 4 and 5 of the pandemic alert period, the plan foresees that Korea would step up quarantine efforts at ports of entry, and could take action to restrict overseas travel from Korea. However, in the conversation with ESTHoff, Lee continued to stress (cf reftel) that as a senior public health advisor to the government, he would strongly hesitate to advise social distancing measures in case of a pandemic, citing the social and economic disruption such measures would cause.

SHORTAGE OF EMERGENCY MEDICAL FACILITIES

¶11. (U) According to government data, as of June 2006 there are a total of 382,000 hospital/clinic beds, 12,800 beds in intensive care units (ICUs), and 5,900 artificial respiratory apparatuses in Korea, with its population of 48 million. There are 519 beds in isolation wards at 38 hospitals nationwide. These facilities fall far short of what would be needed to handle the estimated number of patients in case of a pandemic. Although the Ministry of Health and Welfare (MOHW) plans to increase the number of fully-equipped isolation wards, the vast majority of victims of a pandemic would have to be treated at home.

COMMENT

¶12. (C) To date, the risks of a pandemic have not achieved the kind of visibility and broad political engagement that have characterized the U.S. response. After a flurry of press attention in the fall of 2005, the issue has dropped from view. There was little or no reporting, for example, on the nation-wide table top pandemic exercise held in mid-October. The Blue House, swamped with hot-button issues such as OPCON and the North Korean nuclear test, has remained mute on the need to prepare for a pandemic, and now it emerges that even the Health Minister is unpersuaded, at

least with regard to stockpiling of Tamiflu. Current stocks would be inadequate for even the highest-priority uses in case of a pandemic. It may be that it will take another outbreak of H5N1 avian influenza in Korea, such as occurred in 2003-2004, to refocus the politicians' minds on what needs to be done. End comment.

VERSHBOW